CHAPTER 5: PRE-UPLOAD REQUIREMENTS

GENERAL PRE-UPLOAD SUBMISSION REQUIREMENTS

For Contract Year CY 2006, the General Pre-Upload Submission Requirements presented below apply to all Bid Submission transaction types:

- Initial Applications;
- Renewals;
- Mid-Year Benefit Enhancements;
- New Mid-Year Plan;
- Service Area Expansions (SAEs); and
- Plan Corrections.

Prior to Uploading your plan(s), you will be asked to complete the following: Substantiation; 2-Year Lookback; Formulary Crosswalk; and Plan Crosswalk (for Renewals only). Not all of these are required (see details below). As part of the Upload process, you will also be required to complete the following: Part D Payment Demo information, Risk Corridor information, and Certification. These are described in more detail in Chapter 6.

Before you upload an Initial Application, Renewal, Mid-Year Benefit Enhancement, New Mid-Year Plan, SAE, and/or Plan Correction Bid submission to the Health Plan Management System (HPMS), you must verify that all of the following statements are true:

- The User ID that will be used to upload your data is the same User ID that was used to download the data (i.e., the plan). If you are uploading for another user in your organization, the User ID in the file that you upload must match the User ID used to download that plan from HPMS.
- All sections in the PBP have been marked as completed, and the SB verification has been run, for each plan.
- The appropriate BPT and/or PD spreadsheet(s) exists in the specified directory for all plans within all contracts for which you are responsible for uploading.
- The BPT/PBP Pre-Upload Validation (BVT) software has been installed and executed for all Contract Numbers and plans being uploaded.
- The required naming convention of each BPT spreadsheet maps to the organization, plan, and, if applicable, segment, identifiers referenced in the given BPT.
- The plan or plan/segment service areas entered into each BPT matches the same service area as defined for the plan or plan/segment in HPMS.
- The correct version of the PBP and BPT software is being used.
- The plan name entered in the BPT matches the plan name as defined in HPMS.

- The type of plan selected in the BPT matches the plan type as defined in HPMS.
- A segmented plan cannot have only one segment, and it cannot have counties not assigned to a plan.

> If you have already used the upload feature in PBP 2006 to create a compressed (zipped) file to upload, and you subsequently make changes to the data in either the 2006 PBP or BPT, you must re-run the upload feature to create a new compressed file and re-upload.

To ensure a successful upload, we strongly recommend that you read the additional Pre-Upload Requirements that are general to all Bid Submission transaction types, as well as those that are specific to each Bid Submission transaction type, prior to initiating the upload process.

SUBSTANTIATION

All substantiation is Optional, and independent of plan upload. One substantiation may be submitted for one or more contracts, and one or more plan/segments. When you upload substantiation information, you must identify to which contract(s)-plan/segment(s) the substantiation information is applicable. (Note: Part D substantiation may only be associated with plans offering Part D; MA substantiation may not be associated with PDP plans.) You may upload substantiation information for any contract to which you have been given access; you do not need to have any plan ownership for a contract to upload substantiation information.

The MA BPT substantiation categories include:

- Development of manual rate;
- Significant projected allowed costs for non-covered services;
- Process for adjusting cost sharing due to maximum OOP limits;
- Credit from FFS Medicare actuarial equivalent cost sharing for dual eligible enrollees;
- Actuarial swaps/equivalence waivers;
- Development of plan-provided ISAR factors;
- Risk-sharing target for Regional plans; and
- Miscellaneous

The Part D BPT substantiation categories include:

- Development of manual rate; and
- Miscellaneous

You can upload multiple files for each type of substantiation. The substantiation upload file may include the following formats: JPEG, GIF, PDF, Excel, Txt, or Word doc. If the substantiation file is not in one of these formats, the submission will be rejected. The filename size is limited to 50 characters, and it is recommended that you include the date in your filename for identification purposes. You can upload individual files or .zip files. You are encouraged to limit the size of the substantiation files for performance considerations.

After a plan/segment bid has been approved, HPMS will not accept any substantiations for that plan/segment.

After reviewing the Pre-Upload Substantiation Requirements associated with your CY 2006 plans, you are ready to begin uploading your substantiation(s).

Step 1: Log onto the HPMS.

Step 2: On the HPMS Home Page, select "**Plan Bids**" and then select "**Bid Submissions**" from the fly out.

Step 3: On the Bid Submission Start Page, select "**Contract Year 2006**".

Step 4: On the Bid 2006 Start Page, select "**Upload**", then select "**Substantiation**".

Step 5: On the Upload Substantiation Page, select the BPT substantiation type for which you are uploading the substantiation (MA or Part D).

Step 6: Select the contract(s)/plan segment(s) for which you want to upload the substantiation.

Step 7: Enter the name of the File that you would like to upload. If you are unsure of the file name and/or location, click on the "Browse" button to locate the file. You can only upload files with .txt, .doc, .xls, .gif, .zip, .jpg, and .pdf extensions.

Step 8: Click on the "Upload" button to send the file to HPMS.

Step 9: Wait until the file transfer is complete. Your browser will redirect back to the Upload Substantiation Page once the file is received. You will be given a confirmation message to let you know the upload is complete. At this point, you may upload another file or click on the "**Back**" button to complete other Upload steps.

2-YEAR LOOKBACK SPREADSHEET

Only Renewal contracts that were provided with these data will be required to upload the 2-Year Lookback spreadsheet. This upload is at the Contract level and is separate from

the Bid Submission. However, this upload needs to be completed before plans for this contract can start the Desk Review process.

The 2-Year Lookback spreadsheet is not part of the Desk Review process, and this spreadsheet can be uploaded multiple times prior to all plans approval. Once all plans under the contract have been approved, a 2-Year Lookback spreadsheet for that contract can no longer be uploaded.

After reviewing the 2-Year Lookback Spreadsheet Requirements associated with your CY 2006 plans, you are ready to begin uploading your 2-Year Lookback spreadsheet(s).

Step 1: Log onto the HPMS.

Step 2: On the HPMS Home Page, select "**Plan Bids**" and then select "**Bid Submissions**" from the fly out.

Step 3: On the Bid Submission Start Page, select "**Contract Year 2006**".

Step 4: On the Bid 2006 Start Page, select "**Upload**", then select "**2-Year Lookback**".

Step 5: Enter the name of the File that you would like to upload. If you are unsure of the file name and/or location, click on the "Browse" button to locate the file. You can only upload files with .xls, and .zip extensions. The 2-Year Lookback spreadsheet should be named with the following convention (H####_2YRLB.XLS). If you have multiple 2-Year Lookback Spreadsheets that you wish to upload, you can upload a zipped file. However, all files within the zipped file must be named appropriately.

Step 6: Click on the "Upload" button to send the file to HPMS.

Step 7: Wait until the file transfer is complete. Your browser will automatically be redirected to the appropriate page once the file is received.

You can view the current list of contracts for which CMS is expecting a 2-Year Lookback Spreadsheet and last upload date for which a 2-Year Lookback has been uploaded to HPMS.

FORMULARY CROSSWALK
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The Formulary Crosswalk applies to all plans that offer Medicare Part D. (However, some contracts may qualify for an exemption from submitting a Formulary). Every Plan with Part D must be mapped to a Formulary. One Formulary may be mapped to one or more plans. The Organization must manage which Formulary is associated with which plan. Once a plan is approved, the Formulary for that plan cannot be changed. For final

contract approval, all plans with Part D must be assigned a Formulary, all Formularies must be assigned to a plan, and the Bid, all Formularies and all plans must be approved.

After reviewing the Formulary Crosswalk Requirements associated with your CY 2006 plans, you are ready to begin crosswalking your Formulary(s) to your plan(s).

Step 1: Log onto the HPMS.

Step 2: On the HPMS Home Page, select "**Plan Bids**" and then select "**Bid Submissions**" from the fly out.

Step 3: On the Bid Submission Start Page, select "**Contract Year 2006**".

Step 4: On the Bid 2006 Start Page, select "**Upload**", then select "**Formulary Crosswalk**".

Step 5: On the Edit Formulary Crosswalk Information page, highlight a contract number with which you want to crosswalk your Formulary, and click on the "Next" button.

Step 6: On the Enter Formulary Crosswalk Information page, for plan(s) that offer Medicare Part D, select a Formulary from the listbox, and click on the "Next" button.

Step 7: On the Confirm Formulary Crosswalk page, review the Formulary listed for each applicable plan, and click on the "Submit" button.

INITIAL APPLICATIONS AND RENEWALS

Pre-Upload Requirements

In addition to the General Pre-Upload Submission requirements described above, for returning Local MA organizations, prior to uploading your CY 2006 renewal plans, HPMS will first require that you complete a plan crosswalk. You will use this crosswalk to identify the relationships between your CY 2005 plans and CY 2006 plans. Please note that you will be required to complete the crosswalk for all Contract Numbers for which you own plans, regardless of which plan you are attempting to upload at that time.   For CY 2007 and beyond, the plan crosswalk will be required for all returning Local MA, Regional MA, and PDP organizations. CMS uses the plan crosswalk to identify whether plan enrollees need to be moved to another plan for the upcoming contract year due to a plan reconfiguration, and to identify the beneficiary notification requirements for each organization.

After you complete the plan crosswalk the first time, you will only be required to confirm the crosswalk upon subsequent renewal resubmissions. However, you will be able to

modify the crosswalk during these renewal resubmissions. The last version of the plan crosswalk present in HPMS at the time of the bid approval of your renewal plans will become the official crosswalk. If any validation edits fail, you will need to correct the crosswalk or select a different type of plan relationship.

For information regarding system enrollment activities, enrollment procedures, and beneficiary notification, refer to the CY 2006 Call Letter available at www.cms.hhs.gov.

Plan Crosswalk

NOTE: In CY 2006, the Plan Crosswalk is applicable ONLY for returning local MA organizations

Before uploading your CY 2006 Renewal Bid submissions, you must complete a crosswalk to describe how your CY 2006 plans (by Plan ID) relate to your CY 2005 plans (by Plan ID). The following chart describes the renewal types and the relationships between CY 2006 and CY 2005 plans.

New Plan	
HPMS Plan Crosswalk	A new plan added for 2006 that is not linked to a 2005 plan.
Crosswalk Edits	The new 2006 plan must have a new plan ID number.

Renewal Plan	
HPMS Plan Crosswalk	A 2006 plan that links to a 2005 plan and retains all of its plan service area from 2005.
Crosswalk Edits	The 2006 plan must retain the same plan ID as the 2005 plan. The 2006 plan must retain the same service area as the 2005 plan.

Consolidated Renewal Plan	
HPMS Plan Crosswalk	Two or more 2005 plans that consolidate into one 2006 plan.
Crosswalk Edits	The resultant 2006 plan ID must be the same as one of the consolidating 2005 plan IDs. The service area of the resultant 2006 plan must have at least

	one county from each of the consolidating 2005 plan service areas.

Renewal Plan with an SAE

HPMS Plan Crosswalk	A 2006 plan that links to a 2005 plan and retains all of its plan service area from 2005, but also adds one or more new counties.
Crosswalk Edits	The 2006 plan must retain the same plan ID as the 2005 plan. The 2006 plan must contain the same service area as the 2005 plan and have at least one new county.

Renewal Plan with a SAR

HPMS Plan Crosswalk	A 2006 plan that links to a 2005 plan and retains only a portion of its plan service area.
Crosswalk Edits	The 2006 plan must retain the same plan ID as the 2005 plan. The 2006 plan must contain at least one county from the 2005 plan. The 2006 plan must **not** contain at least one county from the 2005 plan.

Renewal Plan Split Based on Provider Groups

HPMS Plan Crosswalk	Two or more 2006 plans that are created from one 2005 plan with membership determined by provider choice.
Crosswalk Edits	One of the resultant 2006 plan IDs must be the same as the 2005 plan ID. The resultant 2006 plans must have the same service area. The resultant 2006 plans must each contain at least one county from the 2005 plan.

Renewal Plan Split by Optional Supplemental Benefit Choice

HPMS Plan Crosswalk	A 2005 plan with an optional supplemental benefit(s) that is split into two or more 2006 plans: one 2006 plan that contains only the basic benefits of the 2005 plan, and one or more 2006 plans

	that contain the same basic benefits and the former optional supplemental benefit(s) of the 2005 plan as a mandatory benefit(s).
Crosswalk Edits	One of the resultant 2006 plan IDs must be the same as the 2005 plan ID. The resultant 2006 plans must have the same service area. The resultant 2006 plans must each contain at least one county from the 2005 plan.

Renewal Plan Split by Segmentation	
HPMS Plan Crosswalk	A 2005 plan that is mapped to one 2006 plan with segments.
Crosswalk Edits	The resultant 2006 plan ID must be the same as the 2005 plan ID. The resultant 2006 plan segments must have service areas that are exclusive of each other (i.e., no county overlap). At least part of the resultant 2006 plan segments service area(s) must overlap with the 2005 plan service area.

Consolidated Renewal Plan with Segments	
HPMS Plan Crosswalk	Multiple (two or more) 2005 plans that are mapped to one 2006 plan with segments.
Crosswalk Edits	The resultant 2006 plan ID must be the same as one of the 2005 plan IDs. The resultant 2006 plan segments must have service areas that are exclusive of each other (i.e., no county overlap). At least part of the resultant 2006 plan segments service area(s) must overlap with the 2005 plan service area.

Terminated Plan	
HPMS Plan Crosswalk	A 2005 plan that is no longer offered in 2006.
Crosswalk Edits	There is no link to a 2006 plan in the crosswalk.

To upload a renewal plan(s) for the first time, you are required to complete the Plan Crosswalk for all Contract Numbers for which you own plans (i.e., regardless of which plan you are uploading). However, for renewal resubmissions, you are only required to confirm the Plan Crosswalk. The last version of the Plan Crosswalk that is either completed on or prior to June 6, 2005, or updated during subsequent renewal resubmissions, will become the final version.

After reviewing the Plan Crosswalk Requirements associated with your CY 2006 plans, you are ready to begin crosswalking your CY 2006 plans to your CY 2005 plan(s).

Step 1: Log onto the HPMS.

Step 2: On the HPMS Home Page, select "**Plan Bids**" and then select "**Bid Submissions**" from the fly out.

Step 3: On the Bid Submission Start Page, select "**Contract Year 2006**".

Step 4: On the Bid 2006 Start Page, select "**Upload**", then select "**Plan Crosswalk**".

Step 5: On the Complete Plan Crosswalk page, HPMS will list your CY 2006 plans in the left column and your CY 2005 plans in the right column. For each CY 2006 plan, highlight the related CY 2005 plan.

You can establish the following types of relationships:

1. One CY 2006 plan to one CY 2005 plan;
2. One CY 2006 plan to many CY 2005 plans;
3. Many CY 2006 plans to one CY 2005 plan;
4. One 2005 plan mapped to one 2006 plan with segments;
5. Multiple 2005 plans mapped to one 2006 plan with segments;
6. A new CY 2006 plan; and
7. A terminated CY 2005 plan.

Once you have completed these relationships, select the "Next" button.

> This step is only required when you are uploading a renewal plan(s) for the first time. For renewal resubmissions, you are only required to confirm the Plan Crosswalk. The last version of the Plan Crosswalk that is either completed on or prior to June 6, 2005 or updated during subsequent renewal resubmissions will become the final version.

Step 6: On the Review Plan Crosswalk page, HPMS will display the relationships you established on the previous page. For each relationship, select the appropriate status.

You can assign one of the following statuses:

1. Renewal Plan
2. Renewal Plan with Service Area Reduction (SAR)
3. Renewal Plan with Service Area Expansion (SAE)
4. Consolidated Renewal Plan
5. Renewal Plan Split Based on Provider Groups
6. Renewal Plan Split by Segmentation
7. Consolidated Renewal Plan with Segments
8. Renewal Plan Split by Optional Supplemental Benefit Choice
9. New Plan
10. Terminated Plan

Each status is defined below:

Renewal Plan

A CY 2006 plan that retains its entire plan service area from CY 2005; the same plan ID must be used in CY 2006.

Example:

CY 2006	CY 2005	Status
Plan 001 - counties A and B	Plan 001 - counties A and B	Renewal Plan

Renewal Plan with Service Area Reduction (SAR)

A CY 2006 plan that retains only part of its plan service area from CY 2005; the same plan ID must be used in CY 2006.

Example 1: Where county B is being reduced from the contract service area.

CY 2006	CY 2005	Status
Plan 001 - county A	Plan 001 - counties A and B	Renewal Plan with SAR

Example 2: Where county B is assigned to another plan.

CY 2006	CY 2005	Status
Plan 001 - county A	Plan 001 - counties A and B	Renewal Plan with SAR
Plan 002 - county B		New Plan

Renewal Plan with Service Area Expansion (SAE)

A CY 2006 plan that retains all of its plan service area from CY 2005 as well as gains one or more new counties for CY 2006; the same plan ID must be used in CY 2006.

Example:

CY 2006	CY 2005	Status
Plan 001 - counties A, B and C	Plan 001 - counties A and B	Renewal Plan with SAE

Consolidated Renewal Plan

A CY 2006 plan that represents the consolidation of two or more CY 2005 plans; one of the CY 2005 plan IDs must be used for the CY 2006 consolidated renewal plan.

Example:

CY 2006	CY 2005	Status
Plan 001 - counties A and B	Plan 001 - county A	Consolidated Renewal Plan
	Plan 002 - county B	Consolidated Renewal Plan

Renewal Plan Split Based on Provider Groups

Two or more CY 2006 plans that are created from a CY 2005 plan to represent a particular provider group; one of the resulting CY 2006 plans must use the same plan ID as the original CY 2005 plan.

Example:

CY 2006	CY 2005	Status
Plan 001 - county A and B	Plan 001 - counties A and B	Renewal Plan Split Based on Provider Groups
Plan 002 – county A and B	Plan 001 - counties A and B	Renewal Plan Split Based on Provider Groups

Renewal Plan Split by Segmentation

Two or more CY 2006 plans that share identical benefit packages with the exception of the premium and/or cost sharing; one of the resulting CY 2006 plans must use the same plan ID as the original CY 2005 plan.

Example:

CY 2006	CY 2005	Status
Plan 001/Segment 1 - county A	Plan 001 - counties A and B	Renewal Plan Split by Segmented Service Areas
Plan 001/Segment 2 - county B	Plan 001 - counties A and B	Renewal Plan Split by Segmented Service Areas

Consolidated Renewal Plan with Segments

Multiple (two or more) 2005 plans that are mapped to one 2006 plan with segments; the resulting CY 2006 must use one of the same plan IDs as the original CY 2005 plans.

Example:

CY 2006	CY 2005	Status
Plan 001/Segment 1 - county A	Plan 001 - counties A and B	Consolidated Renewal Plan with Segments
Plan 001/Segment 2 - county B	Plan 002 - counties A and B	Consolidated Renewal Plan with Segments

Renewal Plan Split by Optional Supplemental Benefit Choice

A CY 2005 plan with an optional supplemental benefit(s) that is split into two or more 2006 plans: one 2006 plan that contains only the basic benefits of the corresponding 2005 plan, and one or more 2006 plans that contain the same basic benefits and the former optional supplemental benefit(s) as a mandatory benefit(s). One of the resulting CY 2006 plans must use the same plan ID as the original CY 2005 plan.

Example:

CY 2006	CY 2005	Status
Plan 001 - county A and B	Plan 001 - counties A and B	Renewal Plan Split by Optional Supplemental Benefit

		Choice
Plan 002 - county A and B	Plan 001 - counties A and B	Renewal Plan Split by Optional Supplemental Benefit Choice

New Plan

A CY 2006 plan that is a new plan offering.

Example:

CY 2006	CY 2005	Status
Plan 003 - counties A and B		New Plan

Terminated Plan

A CY 2005 plan that is no longer being offered in CY 2006.

Example:

CY 2006	CY 2005	Status
	Plan 001 - counties A and B	Terminated Plan

If you find that you need to modify any of the plan relationships (i.e., Step 5) prior to submitting the plan crosswalk, select the "Change" button to return to the Complete Plan Crosswalk page.

Step 7: Once you have assigned all of the appropriate statuses for your plan relationships, select the "Confirm" button.

Pre-Bid Submission Approval Requirements

Your Bid Submission data will not be forwarded for review and approval until the following conditions have been satisfied:

- All plans (Plan IDs) or plan/segments for a Contract Number have been received by the HPMS.
- All counties in your service area that were pending CMS approval when you downloaded your BPT/PBP 2006 data have been approved as part of your service

area for CY 2006, have been approved by CMS, and have been made available to you in HPMS.
- All counties or regions in your approved service area have been assigned to at least one plan. The only exceptions to this rule are if the organization reports in HPMS that it is reducing the county or region from its contract service area, or the presence of the county or region as part of their contract service area is a data error.

Plan Receipt Requirements

For both Initial Application and Renewal Bid Submission transaction types, all non-employer only plans (Plan IDs) or plan/segments for one Contract Number must be uploaded, received, and verified in the HPMS before they will be forwarded to CMS for desk review and approval.

Pending County Requirements

Renewal Bid Submission plans that contain pending service area expansion counties will not be forwarded for desk review until either the service area expansions have been approved or the pending counties have been removed from the plan.

Local MAs - Unassigned County Requirements

All counties that are part of your approved service area must be assigned to a plan (Plan ID) for Contract Year 2006. If any counties are not assigned to a plan, you must take one of the following actions:

- Assign the county or counties to a plan(s).
- Indicate if it is your organization's intent to request a service area reduction for the designated Contract Number and county as part of the renewal process. Please remember that this service area reduction action is an indication of intent only. Medicare Advantage organizations (MAs) are required to use CMS's established service area reduction process to obtain approval for a reduction in service area. CMS review and approval of service area reductions will occur as a separate, but concurrent, process.
- If necessary, indicate that the data is incorrect for the designated Contract Number and county. This may occur when counties are unassigned due to a discrepancy in the data. Please contact your CMS Plan Manager to help resolve any issues related to service area designations. CMS review and approval of reported inconsistencies in the data will occur as a separate, but concurrent, process.

Regional CCPs and PDPs - Unassigned Region Requirements

All regions that are part of your approved service area must be assigned to a plan (Plan ID) for Contract Year 2006. If any regions are not assigned to a plan, you must take one of the following actions:

- Assign the region or region s to a plan(s).
- Indicate if it is your organization's intent to request a service area reduction for the designated Contract Number and region as part of the renewal process. [Note that this is not applicable for 2006 since this is the first year for Regional CCPs and PDPs]. Please remember that this service area reduction action is an indication of intent only. Medicare Advantage organizations (MAs) are required to use CMS's established service area reduction process to obtain approval for a reduction in service area. CMS review and approval of service area reductions will occur as a separate, but concurrent, process.
- If necessary, indicate that the data is incorrect for the designated Contract Number and region. This may occur when regions are unassigned due to a discrepancy in the data. Please contact your CMS Plan Manager to help resolve any issues related to service area designations. CMS review and approval of reported inconsistencies in the data will occur as a separate, but concurrent, process.

MID-YEAR BENEFIT ENHANCEMENTS

Pre-Upload Requirements

In addition to the General Pre-Upload Submission Requirements, you must verify that the following statements are true before you upload your CY 2006 Mid-Year Benefit Enhancement Bid submission:

- The Contract Number has been previously approved by CMS as an initial application or a contract renewal.
- There are no outstanding Mid-Year Benefit Enhancement Bid Submission transactions for the Contract Number/Plan ID combination (i.e., HPMS will only process one mid-year benefit enhancement transaction per Contract Number/Plan ID combination at a time).
- There are no outstanding Service Area Expansion Bid Submission transactions for the Contract Number/Plan ID combination (i.e., HPMS will not process a Mid-Year Benefit Enhancement transaction for a Contract Number/Plan ID combination until the Service Area Expansion has been approved).
- There are no outstanding Plan Correction transactions for the Contract Number/Plan ID combination (i.e., HPMS will not process a Mid-Year Benefit Enhancement transaction for a Contract Number/Plan ID combination until the Plan Correction has been approved).

- There are no outstanding New Mid-Year Plan Bid Submission transactions for the Contract Number/Plan ID combination (i.e., HPMS will not process a Mid-Year Benefit Enhancement transaction for a Contract Number/Plan ID combination until the New Mid-Year Plan has been approved).
- There are no changes to the service areas associated with the approved Contract Number/Plan ID combination.
- All required fields that detail the changes that are being submitted for each Contract Number/Plan ID combination have been completed (i.e., Contract Number, Plan ID, Reason for Mid-Year Benefit Enhancement, Detailed Description of Mid-Year Benefit Enhancement, and Proposed Effective Date).

Pre-Bid Submission Approval Requirements

There are no additional requirements to be met before forwarding the Mid-Year Benefit Enhancement Bid submission for review and approval.

NEW MID-YEAR PLAN

Pre-Upload Requirements

In addition to the General Pre-Upload Submission Requirements, you must verify that the following statements are true before you upload your CY 2006 New Mid-Year Plan Bid submission:

- For regular plans (i.e., non-employer-only plans), the Contract Number has been previously approved by CMS as an initial application or a contract renewal.

Pre-Bid Submission Approval Requirements

There are no additional requirements to be met before forwarding the New Mid-Year Bid submission for review and approval.

SERVICE AREA EXPANSIONS (SAE)

Pre-Upload Requirements

In addition to the General Pre-Upload Submission Requirements, you must verify that the following statements are true before you upload your 2006 Service Area Expansion Bid submission:

- The Contract Number has been previously approved by CMS as an initial application or a contract renewal.
- You have created at least one new plan that covers the pending SAE counties/regions and documented the benefits and costs in a new BPT/PBP 2006.
- The date is no later than **June 6, 2006.**

Pre-Bid Submission Approval Requirements

There are no additional requirements to be met before forwarding the Service Area Bid submission for review and approval.

PLAN CORRECTIONS

Pre-Upload Requirements

In addition to the General Pre-Upload Submission Requirements, you must verify that the following statements are true before you upload your 2006 Plan Correction Bid submission:

- The Contract Number/Plan ID has been previously approved by CMS as an initial application or a contract renewal.
- The Plan Correction request for the Contract Number/Plan ID has been approved by CMS.
- There are no outstanding Plan Correction transactions for the Contract Number/Plan ID combination (i.e., HPMS will only process one Plan Correction transaction per Contract Number/Plan ID combination at a time).
- There are no outstanding Mid-Year Benefit Enhancement transactions for the Contract Number/Plan ID combination (i.e., HPMS will not process a Plan Correction transaction for a Contract Number/Plan ID combination until the Mid-Year Benefit Enhancement has been approved).
- There are no outstanding Service Area Expansion transactions for the Contract Number/Plan ID combination (i.e., HPMS will not process a Plan Correction transaction for a Contract Number/Plan ID combination until the Service Area Expansion has been approved).
- There are no outstanding New Mid-Year Plan transactions for the Contract Number/Plan ID combination (i.e., HPMS will not process a Plan Correction transaction for a Contract Number/Plan ID combination until the New Mid-Year Plan has been approved).
- There are no changes to the service areas associated with the approved Contract Number/Plan ID combination.

Pre-Bid Submission Approval Requirements

There are no additional requirements to be met before forwarding the Plan Correction submission for review and approval.

REVIEW UPLOAD STATUS

You can review the status of the various components of the Bid Submission Upload by following these steps:

Step 1: Log onto the HPMS.

Step 2: On the HPMS Home Page, select "**Plan Bids**" and then select "**Bid Submissions**" from the fly out.

Step 3: On the Bid Submission Start Page, select "**Contract Year 2006**".

Step 4: On the Bid 2006 Start Page, select "**Upload**", then select "**Review Upload Status**".

Step 5: On the Review Upload Status page, you will see a table containing the list of contract/plan/segment(s) for which you are responsible, and the status of each of the required Upload components: Plan Crosswalk; Formulary Crosswalk, Substantiation, 2-Year Lookback and Bid Submission. A green check (✔) indicates the step has been completed for this contract/plan/segment. If a step is not applicable for a specific contract/plan/segment, then N/A will appear for that step.